ALBUQUERQUE POLICE DEPARTMENT CITIZEN POLICE COMPLAINT FORM

Official Use Only:	
Date/Time Received:	
Received By:	
CPC#:	
Assigned To:	
Assigned 10:	

INSTRUCTIONS:

This form should only be completed if you wish to initiate a complaint against the Department or an employee(s). According to City Ordinance, written complaints must be filed within ninety (90) calendar days of the incident to be accepted. If you would rather attempt to resolve this issue with the employee's supervisor, you may contact the employee's supervisor directly. For assistance, please contact the Internal Affairs Unit at (505) 768-2880 during business hours.

IF YOU DECIDE TO FILE A COMPLAINT:

Please complete the complainant information and statement portions below. Once the form is completed and signed it may be delivered to the Independent Review Office/Police Oversight Commission at 600 2nd St. NW, Room 813, Albuquerque, NM, 87102, or mailed to PO Box 1293, Albuquerque, NM 87103. Please notify the Independent Review Office if your address or phone number changes prior to the resolution of your complaint.

COMPLAINANT INFORMATION

NAME:			
	(First)	(Middle)	(Last)
ADDRESS:			
		(Street Name and Number)	
	(City)	(State)	(Zip Code)
TELEPHONE:	Home:	Cell/V	Vork:
Date and Time of	Incident:		
Address where in	cident happened	:	

NOTE: This complaint form along with other necessary documentation will be forwarded to the Independent Review Office for evaluation and investigative direction. Your complaint may be investigated by the Independent Review Office <u>or</u> assigned to APD's Internal Affairs Unit for investigation. The Independent Review Office also will review the completed investigation and will submit findings to the Chief of Police. You will be notified by certified mail, at your above-listed address, of the final disciplinary findings (normally within 60 days after the complaint has been filed.)

PD-1102 (Revised 01/07)

STATEMENT

Please describe both the incident and the specific nature of your complaint as completely as possible. Be sure to give the names, addresses and phone numbers of any witnesses of which you are aware. Be as specific as possible about the details such as exactly what was said, time and dates of incident. Identify the exact location of the incident, identification of the officers involved, if known. If officer's names are not known, please include detailed descriptions of officers. Be specific, it is important to provide as much information as possible. Attach additional sheets if necessary. Please feel free to include any other relevant information or items (pictures, witness statements, etc.)					

(Statement continued)	

(Statement continued)	

(Statement continued)

WITNESSES: Address: Phone Number: Name:_____ Address: _____ Phone Number: Phone Number: _____ (If more, please list on a separate sheet.) Names of officers you are complaining about: Would you be interested in mediation to resolve this complaint: **End of Statement** The information provided in this statement is true and factual to the best of my knowledge. I understand that I may be required to appear in the Independent Review Office or the Internal Affairs Office for further interview or to provide other investigative assistance as necessary. Complainant's Signature

Complainant's Date of Birth: / /

ALBUQUERQUE POLICE DEPARTMENT MEDICAL RECORDS RELEASE

		(Date	;)
(Name of Medical Fa	cility)		
I,	, DOB	, SSN	
do hereby authorize the al	ove-named medical facility	y to release to the bearer of this	document
any and all records of my	nedical treatment and/or dia	agnosis on	
I do hereby waive my righ	nts to privacy normally ma	intained between doctor and pat	ient. I do
hereby release the above-n	amed medical facility and/o	or the attending physician from a	ny and all
liability.			
		(Signature of Patient)	
(Signature of Party Recei	ving Said Record)		
(Date Recei	ved)		

BERNALILLO COUNTY JUVENILE DETENTION CENTER

RELEASE OF INFORMATION

I, (Parent/Legal Guardian)	, hereby	give permission on behalf of
myself and my child,	, DOB:	to the
Bernalillo County Juvenile Detention C	enter to release the following	g information concerning my
child to (Agency/Individual)		
	() Medical	Records
	()	Other
I hereby release Bernalillo County and	its officers, employees, agen	ts, contractors and all others
associated with the Bernalillo County	Juvenile Detention Center	from any liability for the
furnishing of this information.		
The information that is requested covers	s the following time periods:	
(Data)	to	(Data)
(Date)		(Date)
(Parent/Legal Guardian)	to	(Date)
	to	
(Parent/Legal Guardian)		(Date)
(Director/Assistant Director)	to	(Date)

ALBUQUERQUE POLICE DEPARTMENT INTERNAL AFFAIRS UNIT STATISTICAL FORM

The	Internal	Affairs	Unit	is	asking	the	complainant	to	fill	out	information
requ	ested belo	OW.									

NOTE: This particular information will not become a part of your complaint.

The Albuquerque Police Department is requesting this information for

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statistical purposes only.

The information contained on this form may be incorporated into the Internal Affairs Quarterly and Yearly Reports. It may also be used to conduct studies or respond to surveys.

STATISTICAL INFORMATION

RACE:	White:	Native American:
	Hispanic:	Oriental:
	Black:	Other:
GENDER:	Male:	Female:
AGE:	_	